

PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/066,885-Conf. #4838
		Filing Date	February 4, 2002
		First Named Inventor	Tsutomu Inada
		Examiner Name	P. V. Agustin
		Art Unit	2652
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	04995/049001
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 910.00		

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-0591</u> Deposit Account Name: <u>Osha &amp; May L.L.P.</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
6	- 20 =	x	=

<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 =	x	=

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50	(round up to a whole number) x	=

**4. OTHER FEE(S)**

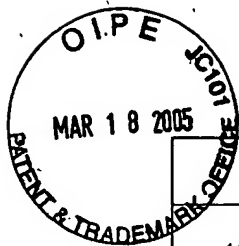
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	
1251 Extension for response within first month	120.00
1801 Request for continued examination (RCE) (see 37 ...)	790.00

<b>SUBMITTED BY</b>			
Signature	<u>[Signature]</u> #451079	Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	Jonathan P. Osha	Telephone	(713) 228-8600
	THOMAS SCHERER	Date	March 18, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV562272055US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 18, 2005

Signature [Signature] (Brenda C. McFadden)

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
04995/049001Application No.  
10/066,885-Conf. #4838Filing Date  
February 4, 2002Examiner  
P. V. AgustinArt Unit  
2652

Applicant(s): Tsutomu Inada

Invention: OPTICAL PICKUP ACTUATOR CIRCUIT HAVING COIL PROTECTION FEATURE

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	6	- 20 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month; Request for continued examination (RCE) (see 37 CFR 1.114)					910.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>910.00</b>

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-0591  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

*[Signature]* #45,079  
Jonathan P. Osha *THOMAS SCHLESER*  
Attorney Reg. No.: 33,986

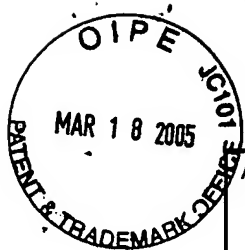
Dated: March 18, 2005

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Dated: March 18, 2005

Signature: *Brenda C. McFadden* (Brenda C. McFadden)



Application No. (if known): 10/066,885

Attorney Docket No.: 04995/049001

## Certificate of Express Mailing Under 37 CFR 1.10

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on March 18, 2005  
Date

Submission under 37 C.F.R. § 1.114 in response to Final Office Action dated November 18, 2004.

Brenda C. McFadden

Signature

Brenda C. McFadden

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600

Telephone Number

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